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LICENSE NU	MBER: 091800001		CITY OR TOWN	OAK BLUFFS	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013	
		CLASS		YEAR	
LICENSEE N.	AME: OCEAN VIEW	V INC.			
DOING BUSI	NESS A				
ADDRESS 16	CHAPMAN AVE				
CITY/TOWN:	: OAK BLUFFS	STATE: MA	ZIP CODE:	02557	
MANAGER:	JACKSON, RONALD E. SR.	TYPE OF LICENSE:R	estaurant C	ATEGORY: All Alcoho	ol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PRE	EMISES:			
	BLDG CONSISTING OOMS IN REAR	OF TWO DINING RO	OMS AND ONE LO	UNGE AREA/	
I hereby certify	y and swear under pena	alties of perjury that:			
1. the	renewed license will be	e of the same type for th	ie same premises now	licensed;	
2. the	licensee has complied	with all laws of the Con	nmonwealth relating t	to taxes; and	
3. the	premises are now oper	n for business (If not exp	olain below)		
SIGNED BY					
	Individual, Par	rtner or Authorized Corp	porate Officer		
DATE:	TELEPH	HONE NUMBER:		R IDENTIFICATION NUMBER	
			(Note: NOT Ind	dividual Social Security Number	r)
Acts of 2004,	signed by the buildin	g inspector and the he	ad of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Bel	ow:		LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVI					
(If disapprove	d explain)				
DATE:					



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LICENSE NUMBER: 09180000	19	CITY OR TOWN OAK BLU	FFS
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: TOPSIDE	EINC		
DOING BUSINESS A THE RI	TZ CAFE		
ADDRESS 4 CIRCUIT AVE.			
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE: 02557	
MANAGER: KING, JANET	TYPE OF LICENSE: R	Restaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
TWO FRONT ROOMS FOR SEON ONE FLOOR. DWELLING		MS FOR STORAGE,ONE KITCH D ONE REAR EXIT	IEN ALL
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license v	vill be of the same type for the	ne same premises now licensed;	
2. the licensee has comp	olied with all laws of the Cor	mmonwealth relating to taxes; and	
3. the premises are now	open for business (If not exp	plain below)	
SIGNED BY Individua	l, Partner or Authorized Cor	porate Officer	
DATE.			
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
		(1700) 1702 maryidda bociai i	Security (valider)
Acts of 2004, signed by the bu	ilding inspector and the he	the certificate required by Chap ad of the fire department for the surance required by Chapter 11	e above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE	FILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800011		CITY OR TOWN	OAK BLUFFS	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: A.M.R. VINEYA	RD, INC.			
DOING BUSINESS A ATLANTIC CO	NNECTION-SEASON	NS PUB		
ADDRESS 19 CIRCUIT AVE.				
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE:	02557	
MANAGER: WHITE, ERIC TY	YPE OF LICENSE: Res	taurant C.	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREM	ISES:			
2 1/2 STORY BLDG, ONE RESTAURAFLOOR. BALCONY ON SECOND FLOATTIC. FULL CELLAR. 4 ENTRANC	OOR. THIRD FLOOR			
I hereby certify and swear under penaltie	es of perjury that:			
1. the renewed license will be or	• =	_		
2. the licensee has complied wit		_	o taxes; and	
3. the premises are now open fo	r business (If not expla	in below)		
SIGNED BY Individual, Partne	er or Authorized Corpo	rate Officer		
DATE: TELEPHOL	NE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:	_
	. (ET(GNIBER)	(Note: NOT Inc	lividual Social Security Number))
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	l of the fire depart	ment for the above	
Please Check Below:		LOCAL LICENS	SING AUTHORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	91800017		C.	ITY OR TO	WN OAK BLU)FF3
APPLICATION FOR R	ENEWAL:	Annu	al	LIC	CENSED FOR 2	013
		CLA	SS			YEAR
LICENSEE NAME: M DOING BUSINESS A	MARTHA'S VINE	YARD POST	#9261 V.	F.W.OF U.S	.INC	
ADDRESS 14 TOWAN	NICUT ST.					
CITY/TOWN: OAK B	BLUFFS	STATE:	MA	ZIP CODE	E: 02557	
MANAGER: ROCHO RAYMO		PE OF LICEN	SE: Vetera	ans club	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WI	EBSITE AND ENTER	YOUR EMAII	ADDRESS		
ONE FLOOR; FOUR R KITCHEN. BLDG HAS THE REAR OF THE B	OOMS CONSISTS ONE FRONT E	TING OF MA				ONE AT
I hereby certify and swe	ar under penalties	of perjury tha	it:			
	license will be of	• •		•		
	has complied with				ing to taxes; and	
3. the premises	are now open for	business (If no	ot explain	below)		
SIGNED BY	ndividual, Partner	or Authorized	l Corporat	e Officer		
DATE:	TEL EDUON			EMDI (OYER IDENTIFICA	TION NI IMPED.
DATE.	TELEPHON	E NUMBER:			$\underline{\Gamma}$ Individual Social Ω	
				,	_	, ,
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building ins	spector and tl	ne head of	the fire dep	partment for the	e above
Please Check Below:]	LOCAL LIC	ENSING AUTH	ORITY
APPROVED:				Ву:		
DISAPPROVED:						
(If disapproved explain))					
DATE:						



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LICENSE NU	MBER: 091800018		CITY OR TOWN OAK B	LUFFS
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE N	AME: HOLY GHO	OST SOCIETY INC. OF MA	RTHA'S VINEYARD	
DOING BUSI	NESS A			
ADDRESS 13	7 VINEYARD AVI	Ξ.		
CITY/TOWN	: OAK BLUFFS	STATE: MA	ZIP CODE: 02557	
MANAGER:	ALLEY, CHARLENE	TYPE OF LICENSE: Club	CATEGOR	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VIS	T OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
	N OF LICENSED F			
		E COMPRISED OF THE EX S SHOWN ON THE ATTAC		DOOR
		enalties of perjury that:		
1. the	renewed license wil	l be of the same type for the s	same premises now licensed	•
2. the	licensee has compli	ed with all laws of the Comm	onwealth relating to taxes; a	and
3. the	premises are now o	pen for business (If not explain	in below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpor	rate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIF	
			(Note: NOT Individual Soc	cial Security Number)
Acts of 2004,	signed by the build	we are in possession (1) the ling inspector and the head cate of liquor liability insur	of the fire department for	the above
Please Check Bel	ow:		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	d explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091800020		CITY OR TOWN	OAK BLUFFS
APPLICATION FOR RENEWAL	: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: OUR MAR	KET CORPORATION		
DOING BUSINESS A			
ADDRESS 1 EAST CHOP DR			
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE:	02557
MANAGER: MCNEELY, JAM	IE TYPE OF LICENSE: Pa	ackage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSED F	PREMISES:		
ONE FRONT ENTRANCE AND STORAGE OF LIQUORS, MEAT DWELLING AND HAS ONE OU	ΓS, GROCERIES AND FR		
=	ed with all laws of the Compen for business (If not exp	=	o taxes; and
SIGNED BY Individual,	Partner or Authorized Corp	orate Officer	
DATE: TELE	EPHONE NUMBER:		t IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 091800021		CITY OR TOWN OAK BLUFFS	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS	YEAR	
	AME: VINEYARD MA			
ADDRESS 27	LAKE AVE.			
CITY/TOWN:	OAK BLUFFS	STATE: MA	ZIP CODE: 02557	
MANAGER:	WALLACE, T'MICHAEL R.	YPE OF LICENSE:Pac	ckage Store CATEGORY: All Alcoho	ol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	IISES:		
2. the	licensee has complied wi premises are now open for	ith all laws of the Com		
DATE:	ТЕLЕРНО	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTHORITY By:	
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091	800022		CITY OR TOWN	OAK BLUI	FFS
APPLICATION FOR REM	NEWAL:	Annual LICENSED FOR 2013)13
		CLASS			YEAR
LICENSEE NAME: TO	NY'S MARKET	, INC			
DOING BUSINESS A TO	ONY'S MARKE	T			
ADDRESS 119 DUKES (COUNTY AVE.				
CITY/TOWN: OAK BLU	JFFS	STATE: MA	ZIP CODE:	02557	
MANAGER: HILL, KE	LLY TYP	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASI	E ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		-
DESCRIPTION OF LICE	NSED PREMIS	ES:			
119 DUKES COUNTY A ATTACHED STORAGE		Γ FLOOR STORE A	AND LOFT PLUS F	IRST FLOOI	₹
3. the premises ar	e now open for b	all laws of the Com- pusiness (If not expl	·	o taxes; and	
IIIu	ividuai, Faithei	or Aumorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: NOT Ind		TION NUMBER: ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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LICENSE NUME	EK: 091800040		CITY OR TOWN OAK	DLUFFS
APPLICATION I	OR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAM	E: PJ'S MV INC	C.		
DOING BUSINE	SS A SLICE OF	LIFE		
ADDRESS 50 CI	RCUIT AVE			
CITY/TOWN: C	OAK BLUFFS	STATE: MA	ZIP CODE: 0255	7
	MYTH, JR. , ETER H	TYPE OF LICENSE: Res	taurant CATEGO	ORY: Wine and Malt Regular
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION (
DOOR ENTRAN		KITCHEN, OUTSIDE POR	CH,TWO BATHROOMS.	TWO SIDE
3. the pre-		een for business (If not expla		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTI	FICATION NUMBER:
			(Note: NOT Individual S	ocial Security Number)
Acts of 2004, sig	ned by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insur	of the fire department fo	r the above
Please Check Below: APPROVED: DISAPPROVED:	 :		LOCAL LICENSING A By:	UTHORITY
(If disapproved ex	:plain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 091800044		CITY OR TOWN	OAK BLU	FFS
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 2	
		CLASS			YEAR
LICENSEE NAME	E: VINEYARD BR	EWING COMPAN	Y, INC.		
DOING BUSINESS	S A OFFSHORE A	LE COMPANY			
ADDRESS 30 KEN	NNEBEC AVE.				
CITY/TOWN: OA	AK BLUFFS	STATE: M	ZIP CODE:	02557	
	CANDREWS, T ILLIP J.	YPE OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREM	MISES:			
88 SEAT RESTAU	RANT/BREWERY	SERVING FULL M	ENU, 2 BATH- RO	OMS FOR PA	TRONS.
I hereby certify and	swear under penalt	ies of perjury that:			
1. the rene	wed license will be	of the same type for t	he same premises no	w licensed;	
2. the licen	see has complied w	ith all laws of the Co	mmonwealth relating	to taxes; and	
3. the prem	nises are now open f	or business (If not ex	plain below)		
SIGNED BY					
	Individual, Partr	ner or Authorized Co	rporate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOY	ER IDENTIFICAT	ΠΟΝ NUMBER:
			(Note: NOT I	ndividual Social S	Security Number)
Acts of 2004, sign	ed by the building	inspector and the h	the certificate requient of the fire departs surance required by	tment for the	above
Please Check Below:			LOCALLICEN	ICINIC ALITH	
ADDDOLUED			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:	ISING AUTH	ORITY
DISAPPROVED:				ISING AUTH	ORITY
] 			NSING AUTH	ORITY
DISAPPROVED:	lain)			ISING AUTH	ORITY
DISAPPROVED:	lain)			ISING AUTH	ORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	91800052		CITY OR TOWN	OAK BLU	FFS
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: F	PARK CORNER, II	NC			
DOING BUSINESS A	PARK CORNER	BISTRO			
ADDRESS 1 PARK A	VE MALL				
CITY/TOWN: OAK I	BLUFFS	STATE: MA	ZIP CODE:	02557	
MANAGER: MARTI	N, JESSE J. TYP	E OF LICENSE: R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIG	EASE ALSO VISIT OUR WE CENSED PREMIS		EMAIL ADDRESS		
I hereby certify and swe	ear under penalties	of perjury that:			
	_		e same premises now	licensed;	
2. the licensee	has complied with	all laws of the Con	nmonwealth relating to	taxes; and	
3. the premises	are now open for b	ousiness (If not exp	plain below)		
SIGNED BY	Individual, Partner	or Authorized Cor	oorate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: Security Number)
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building ins	pector and the he	ad of the fire departr	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTH	ORITY
APPROVED:	1		By:		
DISAPPROVED:					
(If disapproved explain)				
DATE:					



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LICENSE NUMBE	IR: 091800068		CITY OR TOWN	OAK BLU.	LL9
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: THE ARCAI	DE CORPORATION			
DOING BUSINESS	S A SHARKY'S	S CANTINA			
ADDRESS 31 CIR	CUIT AVE				
CITY/TOWN: OA	AK BLUFFS	STATE: MA	ZIP CODE:	02557	
MANAGER: BLA	AU, NATHAN S.	TYPE OF LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S :				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION OF					
GROUND FLOOR STORAGE IN BAS		OF PREMISES INCLUDIN	NG DINING ROOM	4, KITCHEN	AND
3. the prem		en for business (If not expla	· 		
DATE					
DATE:	TELEI	PHONE NUMBER:			TION NUMBER: Security Number)
Acts of 2004, sign	ed by the buildi	we are in possession (1) the ing inspector and the head eate of liquor liability insu	e certificate requir l of the fire depart	ed by Chapt ment for the	er 304 of the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] lain)		LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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LICENSE NUMI	BER: 091800072		CITY OR TOWN	OAK BLUF	FS
APPLICATION 1	FOR RENEWAL:	Annual	LICENS	ED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAM	ME: VINEYARD	THAI CUISINE			
DOING BUSINE	ESS A BANGKOK	CUISINE MARTHA'S V	/INEYARD		
ADDRESS 67 C	IRCUIT AVE				
CITY/TOWN: (OAK BLUFFS	STATE: MA	ZIP CODE:	02557	
	ANGWORN, CHAMPO	TYPE OF LICENSE: Re	estaurant CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		
	OF LICENSED PR				
		REMISES OF WOOD FRA THEN, BAR AREA AND			RAND
		nalties of perjury that:			
1. the rea	newed license will	be of the same type for the	e same premises now l	icensed;	
2. the lic	ensee has complied	d with all laws of the Com	monwealth relating to	taxes; and	
3. the pro	emises are now ope	en for business (If not expl	lain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Corp	orate Officer		
DATE:	TELEP	PHONE NUMBER:			ON NUMBER:
			(Note: NOT Indiv	vidual Social Se	ecurity Number)
Acts of 2004, sig	gned by the buildi	ve are in possession (1) the ng inspector and the hea ate of liquor liability inst	d of the fire departm	ent for the	above
Please Check Below:	<u>. </u>		LOCAL LICENSI	NG AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED (If disapproved e.					
(11 uisappioved e	Apiani)				_
DATE:					



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LICENSE NUMBER: 091800073		CITY OR TOWN OAK BLUFFS		
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2013		
	CLASS	YEAR		
LICENSEE NAME: C VIVOR I	LLC			
DOING BUSINESS A MARTHA	A'S VINEYARD CHOWDER	COMPANY		
ADDRESS 9 OAK BLUFFS AVE	ENUE			
CITY/TOWN: OAK BLUFFS	STATE: MA	ZIP CODE: 02557		
MANAGER: BREWER, KATII LEE	E TYPE OF LICENSE: Rest	caurant CATEGORY: All Alcohol		
EMAIL ADDRESS:				
PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED I				
STREET LEVEL FIRST FLOOR 35'W 3600SQ'	,CONDOMINIEM,CONCRE	TE STRUCTURE,SPRINKLER 113'L X		
I hereby certify and swear under p	enalties of perjury that:			
1. the renewed license wi	ll be of the same type for the s	same premises now licensed;		
2. the licensee has compli	ed with all laws of the Comm	onwealth relating to taxes; and		
3. the premises are now o	pen for business (If not explai	in below)		
SIGNED BY				
Individual,	Partner or Authorized Corpor	rate Officer		
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
		(Note: NOT Individual Social Security Number)		
Acts of 2004, signed by the build	ding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts		
Please Check Below:		LOCAL LICENSING AUTHORITY		
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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LICENSE NUN	MBER: 091800077		CITY OR TOWN	OAK BLU	FFS
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NA	ME: PIRATE JACK	S LLC			
DOING BUSIN	NESS A PIRATE JAC	K'S BURGER SHACK			
ADDRESS 5 O	OAK BLUFFS AVENU	JE			
CITY/TOWN:	OAK BLUFFS	STATE: MA	ZIP CODE:	02557	
	CHARTER, EDWARD	TYPE OF LICENSE: Re	staurant C	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OF N OF LICENSED PRE	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
1400 SQ.FT. R KITCHEN. MA ROOM HAS A BAR, AND CC	ESTAURANT CONS AIN FLOOR HAS TW KITHCEN AREA W DUNTERS AROUND	ISITING OF TWO FLO O ENTRANCES, ONE ITH ADJADENT 18 FO THE PERIMETER OF I INING ROOM, ONE EN	HANDICAPPED A OT COUNTER, SI DINING ROOM. O	CCESSIBLE. X FOOT BEV NE HANDIC.	. DINING /ERAGE APPED
I hereby certify	and swear under pena	lties of perjury that:			
1. the 1	renewed license will be	e of the same type for the	same premises nov	v licensed;	
	=	with all laws of the Com	=	to taxes; and	
3. the p	premises are now open	for business (If not expl	ain below)		
SIGNED BY	Individual, Par	tner or Authorized Corp	orate Officer		
DATE:	TELEPH	IONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, s	signed by the building	are in possession (1) the ginspector and the hease of liquor liability insu	d of the fire depar	tment for the	above
Please Check Belo	w:		LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	слріаш)				
					
DATE:					